



**STATE OF TENNESSEE  
DEPARTMENT OF HUMAN SERVICES**

CITIZENS PLAZA BUILDING  
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**BILL HASLAM**  
GOVERNOR

**DANIELLE W. BARNES**  
COMMISSIONER

February 8, 2018

Joseph Weaver, Board Chair  
Our Daily Bread of Tennessee, Incorporated  
PO Box 12120  
Knoxville, Tennessee 37912-1620

Dear Mr. Weaver:

The Department of Human Services (DHS) - Audit Services Division staff conducted an unannounced on-site monitoring review of the Child and Adult Care Food Program (CACFP) at Our Daily Bread of Tennessee, Inc., Application Agreement number 00-059, from October 30, 2017 to November 2, 2017. Additional information was requested and provided on November 3, 2017, November 8, 2017, November 13, 2017, November 21, 2017, November 27, 2017 and December 4, 2017. The purpose of this review was to determine if the Sponsor complied with *Title 7 of the Code of Federal Regulations* (CFR) applicable parts, application agreement, and applicable Federal and State regulations.

Based on our review of the Sponsor's records and information provided, the Sponsor had 237 childcare centers and 289 daycare homes operating during the review period. We selected 31 centers and homes as our sample size. See details below:

**We selected 15 centers for our sample of childcare centers -**

Barrington Christian Academy, Bright Beginnings II, Children's Corner of Columbia, First United Methodist Church Daycare, Jayme's Christian Academy, Just for Kids, Kiddie College Daycare, Inc., Kimmy's Christian Academy, Little Learner's Child Care Center, Little Tikes Daycare, Inc., Peachers Mill Academy, Red Rover Child Care, Red Rover Preschool, Schrader Lane Vine Hill, and Temple Academy Preschool.

**We selected 16 providers for our sample of daycare homes -** Kamille Henry, Teresa Bowens, Melissa Kennedy, Mandy Hunt, Judie Pope, Meagan Taylor, Monica Bright, Robin McNeil, Melanie Chesterfield, Mary Bland, Carolyn Holloway, Beverly Richardson, Irene Cannon, Zina Walker, Ruby Cranford, and Priscilla.

**Background**

CACFP Sponsors utilize meal count sheets to record the number of breakfast, lunch, supper, and supplement meals served. Meals served by participating Sponsors must meet the

minimum guidelines set by the United States Department of Agriculture (USDA) and DHS to be eligible for reimbursement. The CACFP Sponsor reports the number of meals served through the DHS Tennessee Information Payment System (TIPS) to seek reimbursement. We inspected meal counts sheets for our test period and reconciled the meals claimed to the meals reported as served for each meal service. We also assessed compliance with civil rights requirements. In addition, meal services were observed during our site visits made during the test month.

Our review of the Sponsor's records for September 2017 disclosed the following:

**1. The Sponsor incorrectly reported the number of participants in the free, reduced-price and paid categories**

Condition

**Barrington Christian Academy – sample center**

The September claim for Barrington Christian Academy reported 16 participants in the free category, 12 participants in the reduced-price category, and 62 participants in the paid category. However, the Sponsor's records disclosed there were 15 participants in the free category, 11 in the reduced-price category, and 66 participants in the paid category.

The Sponsor claimed 90 participants for the test month, but our review disclosed there were 92 participants in the program. (See Exhibit C)

**Children's Corner of Columbia – sample center**

The September claim for Children's Corner of Columbia reported 17 participants in the free category, 6 participants in the reduced-price category, and 23 participants in the paid category. However, the Sponsor's records disclosed there were 19 participants in the free category, 6 in the reduced-price category, and 21 participants in the paid category.

The number of participants claimed and confirmed was 45. (See Exhibit E)

**First United Methodist Church – sample center**

The September claim for First United Methodist Church Daycare reported one participant in the free category, one participant in the reduced-price category and 71 participants in the paid category. However, the Sponsor's records disclosed there was one participant in the free category, one participant in the reduced-price category, and 56 participants in the paid category.

The Sponsor claimed 73 participants for the test month, but our review disclosed there were 58 participants in the program. (See Exhibit F)

**Jaymes Christian Academy – sample center**

The September claim for Jaymes Christian Academy reported nine participants in the free category, six participants in the reduced-price category and 34 participants in the paid category. However, the Sponsor's records disclosed there were 11 participants in the free category, five participants in the reduced-price category, and 36 in the paid category.

The Sponsor claimed 49 participants for the test month, but our review disclosed there were 52 participants in the program. (See Exhibit G)

**Kiddie College Daycare, Inc. – sample center**

The September claim for Kiddie College Daycare, Inc. reported 29 participants in the free category, 18 participants in the reduced-price category, and 79 participants in the paid category. However, the Sponsor's records disclosed there were 29 participants in the free category, 18 participants in the reduced-price category, and 76 in the paid category.

The Sponsor claimed 126 participants for the test month, but our review disclosed there were 123 participants in the program. (See Exhibit I)

**Kimmy's Christian Academy – sample center**

The September claim for Kimmy's Christian Academy reported 15 participants in the free category, two participants in the reduced-price category, and 19 participants in the paid category. However, the Sponsor's records disclosed there were 11 participants in the free category, two participants in the reduced-price category, and 17 participants in the paid.

The Sponsor claimed 36 participants for the test month, but our review disclosed there were 30 participants in the program. (See Exhibit J)

**Criteria**

*Title 7 of the Code of Federal Regulations*, Section 226.10(c) states, "... In submitting a Claim for Reimbursement, each institution shall certify that the claim is correct and that records are available to support that claim ..."

**Recommendation**

The Sponsor should maintain all information used to determine eligibility, and ensure that each participant is classified and reported accurately based on categorical or income eligibility.

**2. The Sponsor reported incorrect meal counts**

**Condition**

**Barrington Christian Academy – sample center**

The Sponsor reported 1,233 breakfast meals, 1,402 lunch meals, and 1,504 supplements as served at Barrington Christian Academy. However, based on our review of provided records there were 1,240 breakfast meals, 1,417 lunch meals, and 1,523 supplements as served.

Also, the Sponsor over-reported meals served for an observed meal. During our on-site visit on September 6, 2017, we observed 59 supplements served, however, the Sponsor claimed 64 supplements.

As a result, the Sponsor underreported seven breakfast meals, 15 lunch meals, and 14 supplements. (See Exhibit C)

**Children's Corner of Columbia, LLC – sample center**

The Sponsor reported 849 breakfast meals, 850 lunch meals, and 808 supplements served at Children's Corner of Columbia. However, based on our review of provided records, we noted that there were 881 breakfast meals, 882 lunch meals, and 839 supplements as served.

As a result, the Sponsor underreported 32 breakfast meals, 32 lunch meals, and 31 supplements. (See Exhibit E)

**First United Methodist Church Daycare – sample center**

The Sponsor reported 289 breakfast meals, 551 lunch meals, and 585 supplement meals as served at First United Methodist Church Daycare. However, based on our review of provided records, we noted that there were 294 breakfast meals, 563 lunch meals, and 595 supplements as served.

As a result, the Sponsor underreported 12 breakfast meals, 12 lunch meals, and 10 supplements. (See Exhibit F)

**Kiddie College Daycare Inc. – sample center**

The Sponsor reported 1,659 breakfast meals, 1,236 lunch meals, and 1,994 supplement meals served at Kiddie College Daycare Inc. However, based on our review of provided records, we noted that there were 1,646 breakfast meals, 1,225 lunch meals, and 1,985 supplement meals served.

As a result, the Sponsor over-reported 13 breakfast meals, 11 lunch meals, and nine supplement meals served. (See Exhibit I)

**Kimmy's Christian Academy – sample center**

The Sponsor reported 447 breakfast meals, 357 lunch meals, and 446 supplements as served at Kimmy's Christian Academy. However, based on our review of provided records, we noted that there were 466 breakfast meals, 357 lunch meals, and 464 supplements as served.

As a result, the Sponsor underreported 19 breakfast meals and 18 supplements. (See Exhibit J)

**Little Learner's Child Care Center – sample center**

The Sponsor reported 1,060 breakfast meals, 998 lunch meals, and 1,006 supplements as served at Little Learner's Child Care Center. However, based on our review of provided records, we noted that there were 1,144 breakfast meals, 1,079 lunch meals, and 1,086 supplements as served.

As a result, the Sponsor underreported 84 breakfast meals, 81 lunch meals, and 80 supplements. (See Exhibit K)

**Little Tikes Daycare, Inc. – sample center**

The Sponsor reported 1,333 breakfast meals, 1,407 lunch meals, and 1,006 supplements as served at Little Tikes Daycare, Inc. However, based on our review of provided records, we noted that there were 1,369 breakfast meals, 1,503 lunch meals, and 1,513 supplements as served.

As a result, the Sponsor underreported 36 breakfast meals, 96 lunch meals, and 26 supplements. (See Exhibit L)

**Peachers Mill Academy – sample center**

The Sponsor reported 749 breakfast meals, 475 lunch meals, and 797 supplements as served at Peachers Mill Academy. However, based on our review of provided records, we noted that there were 749 breakfast meals, 478 lunch meals, and 796 supplements as served.

As a result, the Sponsor underreported three lunch meals and over-reported one supplement. (See Exhibit M)

**Schrader Lane Vine Hill – sample center**

The Sponsor reported 431 lunch meals and 886 supplements as served at Schrader Lane Vine Hill. However, based on our review of provided records, we noted that there were 443 lunch meals and 888 supplements as served.

As a result, the Sponsor underreported 12 lunch meals and two supplements. (See Exhibit P)

**Temple Academy Preschool – sample center**

The Sponsor reported 485 lunch meals and 791 supplements as served at Temple Academy Preschool. However, based on our review of provided records, we noted that there were 516 lunch meals and 835 supplements as served.

As a result, the Sponsor underreported 31 lunch meals and 44 supplements. (See Exhibit Q)

Criteria

*Title 7 of the Code of Federal Regulations*, Section 226.10(c) states, "... In submitting a Claim for Reimbursement, each institution shall certify that the claim is correct and that records are available to support that claim ..."

This is a repeat finding from a previous report dated March 30, 2017.

Recommendation

The Sponsor should implement a system of checks to ensure the claims for reimbursements are accurate and the actual number of meals served is reported.

**3. The Sponsor claimed one participant and the same meals served to the participant at two different centers**

Condition

The Sponsor claimed one participant and the same meals for the participant at both the Red Rover Child Care and Red Rover Preschool centers. The participant could not have been in attendance at both centers and consuming the same meals at both centers for the test month. The participant was removed from the Red Rover Child Care center and all meals claimed were disallowed.

As a result, 17 breakfast meals, 17 lunch meals, and 16 supplements meals were disallowed. (See Exhibit N)

#### Criteria

*Title 7 of the Code of Federal Regulations, Section 226.10(c) states, in part, "... In submitting a Claim for Reimbursement, each institution shall certify that the claim is correct and that records are available to support that claim ..."*

#### Recommendation

The Sponsor should ensure that internal controls procedures are established and implemented to prevent claiming participants meals served more than once. The Sponsor should ensure that instances of double claiming are not occurring and take corrective measures against any feeding site that double claim meals and/or participants in the CACFP.

- 4. The Sponsor did not provide evidence that sufficient quantities of milk were purchased for claimed meals served**

#### Condition

##### **Children's Corner of Columbia, LLC – sample center**

Based on the number of meals served with milk as a required component, Children's Corner of Columbia required a total of 8,380 ounces of milk. However, the Sponsor provided no documentation of milk purchases for the test month.

As a result, 861 breakfast meals and 862 lunch meals were disallowed. (See Exhibit E)

##### **First United Methodist Church Daycare – sample center**

Based on the number of meals served with milk as a required component, First United Methodist Church Daycare required a total of 6,894 ounces of milk. However, the Sponsor could only document the purchase of 6,656 ounces of milk, resulting in a shortage of 238 ounces of milk.

As a result, 30 supplements were disallowed. (See Exhibit F)

##### **Peachers Mill Academy – sample center**

Based on the number of meals served with milk as a required component, Peachers Mill Academy required a total of 5,524 ounces of milk. However, the Sponsor could only document the purchase of 1,920 ounces of milk, resulting in a shortage of 3,604 ounces of milk.

As a result, 568 breakfast meals were disallowed. (See Exhibit M)

#### Criteria

*Title 7 of the Code of Federal Regulations, Section 226.17(b)(4) states, "Each child care center participating in the Program shall claim only the meal types specified in its approved application in accordance with the meal pattern requirements specified in §226.20. ..."*

*Title 7 of the Code of Federal Regulations, Section 226.20(c)(1) states, in part, "Fluid milk, vegetables or fruit, or portions of both, and grains are required components of the breakfast meal."*

*Title 7 of the Code of Federal Regulations, Section 226.20(c)(2) states, "Fluid milk, meat and meat alternatives, vegetable, fruits, and grains are required components in the lunch and supper meals."*

*Title 7 of the Code of Federal Regulations, Section 226.20(c)(3) states, in part, that the Sponsor must, "Serve two of the following five components: Fluid milk, meat and meat alternates, vegetables, fruits, and grains. Fruit juice, vegetable juice, and milk may comprise only one component of the snack. ..."*

#### Recommendation

The Sponsor should maintain a month-end inventory for each month and all receipts for food purchases in order to provide evidence that the required amount of milk was purchased and served.

### **5. A Sponsor's center purchased 2% milk to serve participants ages two and older**

#### Condition

Our review of receipts provided by Schrader Lane Vine Hill revealed only 2% milk was purchased for the test month. All participants enrolled in the CACFP program at this center were ages two or older.

As a result, 443 lunch meals and 402 supplements were disallowed. (See Exhibit P)

#### Criteria

*Title 7 of the Code of Federal Regulations, Section 226.20(a) states, "... each meal claimed for reimbursement must meet minimum meal pattern requirements."*

*Title 7 of the Code of Federal Regulations, Section 226.20(c)(1) states, "Fluid milk, vegetables or fruit, or portions of both, and grains are required components of the breakfast meal. ..."*

*Title 7 of the Code of Federal Regulations, Section 226.20(c)(2) states, "Fluid milk, meat and meat alternatives, vegetable, fruits, and grains are required components in the lunch and supper meals. ..."*

CACFP memo code 08-2017 states in part, “Unflavored, whole milk must be served to children 1 year old; unflavored low-fat (1%) or fat-free milk must be served to children 2 through 5 years old; unflavored low-fat (1%), unflavored fat-free or flavored fat-free milk must be served to children 6 years old and older and adults...”

#### Recommendation

The Sponsor should ensure all meals and snacks claimed for reimbursement meet the USDA meal guidelines and include all required components.

#### **6. The Sponsor’s centers and providers served meals during our visits that did not meet USDA meal pattern requirements**

##### Condition

Our unannounced on-site visits to observe meal service at the selected childcare centers disclosed the following:

##### **Barrington Christian Academy – sample center**

During our on-site visit on September 9, 2017 at Barrington Christian Academy, we observed a supplement meal service. The majority of participants were served apple juice and graham crackers, but nine participants were served graham crackers and water. Site staff stated this was due to parents not wanting juice served to their children. Water does not meet the USDA requirements as a creditable second component for supplements.

As a result, nine supplements were disallowed. (See Exhibit C)

##### **First United Methodist Church Daycare – sample center**

During our on-site visit on September 27, 2017 at First United Methodist Church Daycare, we observed a breakfast meal service. The majority of participants were served cereal, apple juice, and milk, but seven participants were not served all three components required for the meal to be creditable.

As a result, seven breakfast meals were disallowed. (See Exhibit F)

##### **Jaymes Christian Academy – sample center**

During our on-site visit on September 21, 2017 at Jaymes Christian Academy, we observed a lunch meal service. There were a number of children who were not served milk. Also, the children that did receive milk were served 2% milk. The 2% milk is not a creditable component.

As a result, 48 lunch meals were disallowed. (See Exhibit G)

Our unannounced on-site visits to observe meal service at the selected daycare homes disclosed the following:



### **Kamille Henry – sample home**

During our on-visit on September 7, 2017, we observed a breakfast meal service at the daycare home of Kamille Henry (**Kamille Henry**). Participants were served sausage links, biscuit, and strawberries. After the solid food was consumed and the plates removed, the children were served milk. All components for a meal must be served at the same time.

As a result, eight breakfast meals were disallowed. (See Exhibit X)

### **Meagan Taylor – sample home**

During our on-visit on September 11, 2017, we observed a lunch meal service at the daycare home of Meagan Taylor (**Meagan Taylor**). Participants were served lasagna, green beans, peach slices, roll, and milk. The lasagna was a frozen, commercially processed food product. The provider was unable to provide a CN label or product formulation statement for the lasagna.

As a result, six lunch meals were disallowed. (See Exhibit FF)

### **Robin McNeil – sample home**

During our on-visit on September 28, 2017, we observed a lunch meal service at the daycare home of Robin McNeil (**Robin McNeil**). Participants were served American cheese with their lunch; the amount of cheese served did not meet USDA guidelines for a serving of meat or meat alternate.

As a result, five lunch meals were disallowed. (See Exhibit CC)

### **Melanie Chesterfield – sample home**

During our visit on September 28, 2017, we observed a supplement service at the daycare home of Melanie Chesterfield (**Melanie Chesterfield**). Participants were served oranges and milk. Two one-year-old participants were served 1% milk. None of the participants were served a sufficient amount of orange to meet the fruit component.

As a result, four supplements were disallowed. (See Exhibit V)

### **Criteria**

*Title 7 of the Code of Federal Regulations, Section 226.17(b)(4) states, “Each child care center participating in the Program shall claim only the meal types specified in its approved application in accordance with the meal pattern requirements specified in §226.20 ...”*

*Title 7 of the Code of Federal Regulations, Section 226.20(c)(1) states, “Fluid milk, vegetables or fruit, or portions of both, and grains are required components of the breakfast meal.”*

*Title 7 of the Code of Federal Regulations, Section 226.20(c)(2) states, “Fluid milk, meat and meat alternatives, vegetable, fruits, and grains are required components in the lunch and supper meals.”*

*Title 7 of the Code of Federal Regulations, Section 226.20(c)(3) states, that the Sponsor must, "Serve two of the following five components: Fluid milk, meat and meat alternates, vegetables, fruits, and grains. Fruit juice, vegetable juice, and milk may comprise only one component of the snack. ..."*

*Title 7 of the Code of Federal Regulations §226.20(h) states each meal claimed for reimbursement must meet minimum meal pattern requirements.*

CACFP memo code 08-2017 states "Unflavored, whole milk must be served to children 1 year old; unflavored low-fat (1%) or fat-free milk must be served to children 2 through 5 years old; unflavored low-fat (1%), unflavored fat-free or flavored fat-free milk must be served to children 6 years old and older and adults..."

The USDA Crediting Foods in the Child and Adult Care Food Program, page 62, states, in part, "... Because of the uncertainty of the actual amount of meat/meat alternate contained in these products, they should not be used unless (1) they are CN-labeled; or (2) you obtain a Product Formulation Statement signed by an official of the manufacturer (not a sales person) that shows how the crediting has been determined. ..."

This is a repeat finding from a previous report dated March 30, 2017.

#### Recommendation

The Sponsor should ensure all meals and snacks claimed for reimbursement meet the USDA meal guidelines and include all required components.

### **7. The Sponsor's documented number of meals served exceeded the verified attendance at one center**

#### Condition

The Claim for Reimbursement for Barrington Christian Academy for the test month reported 1,504 supplements served and the Sponsor records documented 1,523 supplements served. However, the Sponsor's records documented only 1,423 participants days of attendance. The number of meals served cannot exceed the verified attendance of 1,423.

As a result, 86 supplements were disallowed. (See Exhibit C)

#### Criteria

*Title 7 of the Code of Federal Regulations, Section 226.10(c) states, "... In submitting a Claim for Reimbursement, each institution shall certify that the claim is correct and that records are available to support that claim. ..."*

#### Recommendation

The Sponsor should implement a system of checks to ensure the claims for reimbursement are accurate and the actual number of meals served is reported.

### **8. The Sponsor did not provide infant menus**

### Condition

Infant meals were claimed at five day care homes and at 11 centers in our sample. Individualized infant menus were not provided for any infants at these sample sites. Menus must be available for review to determine whether infants were provided meals they are developmentally ready for and that meet USDA requirements.

No meals were disallowed as the Sponsor was able to provide documentation and support showing infants were being served.

### Criteria

*Title 7 of the Code of Federal Regulations*, Section 226.15 (e) states, "Each institution shall establish procedures to collect and maintain all program records required under this part, as well as any records required by the State agency. Failure to maintain such records shall be grounds for the denial of reimbursement for meals served during the period covered by the records in question and for the denial of reimbursement for costs associated with such records. At a minimum, the following records shall be collected and maintained: ... (10) "Copies of menus, and any other food service records required by the State agency"

The USDA Monitoring Handbook for State Agencies, page 24, states, "Daily records of menus must contain a listing of the food items served in each meal type to ensure that the CACFP meal pattern requirements were met."

### Recommendation

The Sponsor should ensure that individual infant menus reflect and contain all required meal components, and are available upon request.

## **9. The Sponsor did not have current menus posted in two daycare homes**

### Condition

During our visits, a menu was not posted in the daycare homes of Teresa Bowens and Mary Bland.

### Criteria

*FNS Instruction 796-2, Rev. 4*, states, "Menu records that identify the meal components served to participants must be maintained. Menu records must be updated to reflect changes to planned menus so that the menu records reflect the actual meal components and foods service to participants."

### Recommendation

The Sponsor requires menus be submitted for approval prior to the start of each month. Instructions should be provided to facilities to post the approved menus in a prominent location.

## **10. The Sponsor monitoring was not completed as required**

### Condition

Our review of the monitoring documents provided for daycare home provider Judie Pope reported that the Sponsor completed one announced monitoring on October 28, 2016, one unannounced monitoring on February 21, 2017, and a second announced visit on July 27, 2017. The Sponsor is required to complete two unannounced monitoring visits each year.

Our review of the monitoring documents provided for daycare home provider Zina Walker reported that the Sponsor completed one unannounced visit on January 24, 2017 and a second unannounced visit on June 28, 2017. The Sponsor is required to monitor three times each year.

### Criteria

*Title 7 of the Code of Federal Regulations, Section 226.16(d)(4)(iii) states, "Sponsoring organizations must review each facility three times each year, except as described in paragraph (d)(4)(iv) of this section. In addition: (A) At least two of the three reviews must be unannounced; (B) At least one unannounced review must include observation of a meal service; (C) At least one review must be made during each new facility's first four weeks of Program operations; and (D) Not more than six months may elapse between reviews."*

This is a repeat finding from a previous report dated March 30, 2017.

### Recommendation

The Sponsor should schedule monitoring visits to meet the minimum requirement which includes observing meals. The Sponsor should attempt to observe each meal type served at each facility.

### **Technical Assistance Provided**

Technical assistance was offered to the Sponsor; the offer was declined.

### **Disallowed Meals Cost**

Based on the review, we determined that the Sponsor's noncompliance with the applicable Federal and State regulations that govern the CACFP resulted in a total disallowed cost of \$3,611.23.

### **Corrective Action**

Our Daily Bread of Tennessee, Inc. must complete the following actions within 30 business days from the date of this report:

- Login to the Tennessee Information Payment System (TIPS) and revise the claim(s) submitted for each site for September 2017, which contains the verified claim data from the enclosed exhibit.
- Remit a check payable to the ***Tennessee Department of Human Services*** in the amount of \$3,611.23 for recovery of the amounts disallowed in this report. **Please return the attached billing notice with your check;** and

- Prepare and submit a corrective action plan to address the deficiencies identified in this report. The corrective action plan template is attached. Please return the corrective action plan to:

[AuditServices.CAPS.DHS@tn.gov](mailto:AuditServices.CAPS.DHS@tn.gov)

If you have questions relative to the corrective action plan please contact:

Allette Vayda, Director  
Child and Adult Care Food Program  
8th Floor Citizens Plaza Building  
400 Deaderick Street  
Nashville, Tennessee 37243  
[Allette.Vayda@tn.gov](mailto:Allette.Vayda@tn.gov)  
(615) 313-3769

Please note that the amount of disallowed cost is subject to an interest charge. The interest charge will be waived if your revised claim within 30 days from the date of this report. If the revised claim is not completed by the 30-day deadline, an interest charge may be billed to your institution. Please mail your check and the billing notice to:

Child and Adult Care Food Program  
Fiscal Services  
11th Floor, Citizens Plaza Building  
400 Deaderick Street  
Nashville, Tennessee 37243

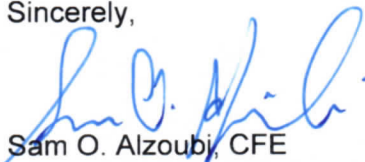
In accordance with the federal regulation found at *7 CFR Part 226.6 (k)*, your institution may appeal the amount of disallowed cost identified in this monitoring report. The procedures for submitting an appeal are enclosed. The appeal must be submitted to:

Tennessee Department of Human Services  
Appeals and Hearings Division, Clerk's Office  
P.O. Box 198996  
Nashville, TN 37219

If the Institution decides to appeal the amount of disallowed administrative and meals cost, all appeal procedures must be followed as failure to do so may result in the denial of your request for an appeal.

We appreciate the assistance provided during this review. If you have any questions regarding this report, please contact Sean Baker, Audit Director 2, at 615-313-4727 or [Sean.Baker@tn.gov](mailto:Sean.Baker@tn.gov).

Sincerely,



Sam O. Alzoubi, CFE  
Director of Audit Services

Exhibits

cc: Senta Hester, Executive Director, Our Daily Bread of Tennessee, Inc.  
 Phillip Hester, President, Our Daily Bread of Tennessee, Inc.  
 Allette Vayda, Director, Child and Adult Care Food Program  
 Debra Pasta, Program Manager, Child and Adult Care Food Program  
 Constance Moore, Program Specialist, Child and Adult Care Food Program  
 Marty Widner, Program Specialist, Child and Adult Care Food Program  
 Elke Moore, Administrative Services Assistant 3, Child and Adult Care Food Program  
 Comptroller of the Treasury, State of Tennessee

## Exhibit A

**Sponsor: Our Daily Bread of Tennessee, Inc.**

**Review Month/Year: September 2017**

**Total Meal Reimbursement Received for Centers: \$503,621.08**

<b>Sponsor Meal Service Activity and Monitor Reconciliation</b>	<b>Reported on Claim</b>	<b>Reconciled Meals to Meal Counts Sheets</b>
Total Number of Days Food Served	20	20
Total Number of Breakfast Meals Served	128,325	127,019
Total Breakfasts for Sample	9,593	8,287
Number of Lunches Served	135,620	134,521
Total Lunches for Sample	10,217	9,188
Number of Suppers Served	4,156	4,156
Total Suppers for Sample	0	0
Number of Supplements Served	171,556	171,314
Total Supplements for Sample	12,392	12,150

**Exhibit B****Sponsor: Our Daily Bread of Tennessee, Inc.****Review Month/Year: September 2017****Total Meal Reimbursement Received for DCH: \$185,497.38**

<b>Sponsor Meal Service Activity and Monitor Reconciliation</b>	<b>Reported on Claim</b>	<b>Reconciled Meals to Meal Counts Sheets</b>
Total Number of Days Food Served	20	20
Number of Breakfast Meals Served Tier 1	33,698	33,698
Number of Breakfast Meals Served Tier 2	992	984
Number of Lunches Served Tier 1	28,921	28,910
Number of Lunches Served Tier 2	1,174	1,174
Number of Suppers Served Tier 1	13,248	13,248
Number of Suppers Served Tier 2	125	125
Number of Supplements Served Tier 1	46,088	46,084
Number of Supplements Served Tier 2	1,274	1,274

**Verification of CACFP Claim for Sponsored Centers****Exhibit C****Site: Barrington Christian Academy****Review Month/Year: September 2017****Total Meal Reimbursement Received: \$3,238.00**

<b>Site Meal Service Activity and Monitor Reconciliation</b>	<b>Reported on Claim</b>	<b>Reconciled to Documentation</b>
Total Number of Days Food Served	20	20
Total Attendance	1,404	1,423
Number of Breakfast Meals Served	1,233	1,240
Number of Lunches Served	1,402	1,417
Number of Supplements Served	1,504	1,423
Number of Participants in Free Category	16	15
Number of Participants in Reduced Category	12	11
Number of Participants in Paid Category	62	66
Total Number of Participants	90	92
Total Amount of Eligible Food Costs	XXXXXXXX	\$518.23
Total Amount of Eligible Food and Non-Food Costs	XXXXXXXX	\$660.55



**Exhibit D****Site: Bright Beginnings II****Review Month/Year: September 2017****Total Meal Reimbursement Received: \$1,132.31**

<b>Site Meal Service Activity and Monitor Reconciliation</b>	<b>Reported on Claim</b>	<b>Reconciled to Documentation</b>
Total Number of Days Food Served	20	20
Total Attendance	286	286
Number of Breakfast Meals Served	262	262
Number of Lunches Served	204	204
Number of Supplements Served	270	270
Number of Participants in Free Category	14	14
Number of Participants in Reduced Category	1	1
Number of Participants in Paid Category	4	4
Total Number of Participants	19	19
Total Amount of Eligible Food Costs	XXXXXXXX	\$368.67
Total Amount of Eligible Food and Non-Food Costs	XXXXXXXX	\$368.67

**Exhibit E****Site: Children's Corner of Columbia, LLC****Review Month/Year: September 2017****Total Meal Reimbursement Received: \$2,831.10**

<b>Site Meal Service Activity and Monitor Reconciliation</b>	<b>Reported on Claim</b>	<b>Reconciled to Documentation</b>
Total Number of Days Food Served	20	20
Total Attendance	872	882
Number of Breakfast Meals Served	849	20
Number of Lunches Served	850	20
Number of Supplements Served	808	839
Number of Participants in Free Category	17	19
Number of Participants in Reduced Category	6	6
Number of Participants in Paid Category	23	21
Total Number of Participants	46	46
Total Amount of Eligible Food Costs	XXXXXXXX	\$759.58
Total Amount of Eligible Food and Non-Food Costs	XXXXXXXX	\$1,064.31

**Exhibit F****Site: First United Methodist Church Daycare****Review Month/Year: September 2017****Total Meal Reimbursement Received: \$487.58**

<b>Site Meal Service Activity and Monitor Reconciliation</b>	<b>Reported on Claim</b>	<b>Reconciled to Documentation</b>
Total Number of Days Food Served	20	20
Total Attendance	747	745
Number of Breakfast Meals Served	289	264
Number of Lunches Served	551	563
Number of Supplements Served	585	565
Number of Participants in Free Category	1	1
Number of Participants in Reduced Category	1	1
Number of Participants in Paid Category	71	56
Total Number of Participants	73	58
Total Amount of Eligible Food Costs	XXXXXXXX	\$1,034.19
Total Amount of Eligible Food and Non-Food Costs	XXXXXXXX	\$1,183.06

**Exhibit G****Site: Jaymes Christian Academy****Review Month/Year: September 2017****Total Meal Reimbursement Received: \$2,024.53**

<b>Site Meal Service Activity and Monitor Reconciliation</b>	<b>Reported on Claim</b>	<b>Reconciled to Documentation</b>
Total Number of Days Food Served	20	20
Number of Breakfast Meals Served	887	887
Number of Lunches Served	872	824
Number of Supplements Served	873	873
Number of Participants in Free Category	9	11
Number of Participants in Reduced Category	6	5
Number of Participants in Paid Category	34	36
Total Number of Participants	49	52
Total Amount of Eligible Food Costs	XXXXXXXX	\$2,541.49
Total Amount of Eligible Food and Non-Food Costs	XXXXXXXX	\$3,079.68

**Exhibit H****Site: Just for Kids****Review Month/Year: September 2017****Total Meal Reimbursement Received: \$650.87**

<b>Site Meal Service Activity and Monitor Reconciliation</b>	<b>Reported on Claim</b>	<b>Reconciled to Documentation</b>
Total Number of Days Food Served	20	20
Total Attendance	155	155
Number of Breakfast Meals Served	99	99
Number of Lunches Served	104	104
Number of Supplements Served	149	149
Number of Participants in Free Category	9	9
Number of Participants in Reduced Category	1	1
Number of Participants in Paid Category	0	0
Total Number of Participants	10	10
Total Amount of Eligible Food Costs	XXXXXXXX	\$176.84
Total Amount of Eligible Food and Non-Food Costs	XXXXXXXX	\$184.49

**Exhibit I****Site: Kiddie College Daycare, Inc. .****Review Month/Year: September 2017****Total Meal Reimbursement Received: \$3,894.99**

<b>Site Meal Service Activity and Monitor Reconciliation</b>	<b>Reported on Claim</b>	<b>Reconciled to Documentation</b>
Total Number of Days Food Served	20	20
Total Attendance	2,095	2,083
Number of Breakfast Meals Served	1,659	1,646
Number of Lunches Served	1,236	1,225
Number of Supplements Served	1,994	1,985
Number of Participants in Free Category	29	29
Number of Participants in Reduced Category	18	18
Number of Participants in Paid Category	79	76
Total Number of Participants	126	123
Total Amount of Eligible Food Costs	XXXXXXXX	\$1,591.54
Total Amount of Eligible Food and Non-Food Costs	XXXXXXXX	\$1,671.78

**Exhibit J****Site: Kimmy's Christian Academy****Review Month/Year: September 2017****Total Meal Reimbursement Received: \$1,297.43**

<b>Site Meal Service Activity and Monitor Reconciliation</b>	<b>Reported on Claim</b>	<b>Reconciled to Documentation</b>
Total Number of Days Food Served	20	20
Total Attendance	480	499
Number of Breakfast Meals Served	447	466
Number of Lunches Served	357	357
Number of Supplements Served	446	464
Number of Participants in Free Category	15	11
Number of Participants in Reduced Category	2	2
Number of Participants in Paid Category	19	17
Total Number of Participants	36	30
Total Amount of Eligible Food Costs	XXXXXXXX	\$561.59
Total Amount of Eligible Food and Non-Food Costs	XXXXXXXX	\$620.49

**Exhibit K****Site: Little Learner's Child Care Center****Review Month/Year: September 2017****Total Meal Reimbursement Received: \$4,510.78**

<b>Site Meal Service Activity and Monitor Reconciliation</b>	<b>Reported on Claim</b>	<b>Reconciled to Documentation</b>
Total Number of Days Food Served	20	20
Total Attendance	1,060	1,144
Number of Breakfast Meals Served	1,060	1,144
Number of Lunches Served	998	1,079
Number of Supplements Served	1,006	1,086
Number of Participants in Free Category	31	32
Number of Participants in Reduced Category	17	18
Number of Participants in Paid Category	17	23
Total Number of Participants	65	73
Total Amount of Eligible Food Costs	XXXXXXXX	\$1,657.85
Total Amount of Eligible Food and Non-Food Costs	XXXXXXXX	\$1,855.14



**Exhibit L****Site: Little Tike Daycare, Inc.****Review Month/Year: September 2017****Total Meal Reimbursement Received: \$5,902.87**

<b>Site Meal Service Activity and Monitor Reconciliation</b>	<b>Reported on Claim</b>	<b>Reconciled to Documentation</b>
Total Number of Days Food Served	20	20
Total Attendance	1,520	1,547
Number of Breakfast Meals Served	1,333	1,369
Number of Lunches Served	1,407	1,503
Number of Supplements Served	1,487	1,513
Number of Participants in Free Category	46	46
Number of Participants in Reduced Category	19	18
Number of Participants in Paid Category	30	31
Total Number of Participants	95	95
Total Amount of Eligible Food Costs	XXXXXXXX	\$2,736.15
Total Amount of Eligible Food and Non-Food Costs	XXXXXXXX	\$3,154.74

**Exhibit M****Site: Peachers Mill Academy****Review Month/Year: September 2017****Total Meal Reimbursement Received: \$2,243.87**

<b>Site Meal Service Activity and Monitor Reconciliation</b>	<b>Reported on Claim</b>	<b>Reconciled to Documentation</b>
Total Number of Days Food Served	20	20
Total Attendance		
Number of Breakfast Meals Served	749	181
Number of Lunches Served	475	478
Number of Supplements Served	797	796
Number of Participants in Free Category	16	16
Number of Participants in Reduced Category	10	10
Number of Participants in Paid Category	17	17
Total Number of Participants	43	43
Total Amount of Eligible Food Costs	XXXXXXXX	\$275.23
Total Amount of Eligible Food and Non-Food Costs	XXXXXXXX	\$294.73

**Exhibit N****Site: Red Rover Child Care****Review Month/Year: September 2017****Total Meal Reimbursement Received: \$959.32**

<b>Site Meal Service Activity and Monitor Reconciliation</b>	<b>Reported on Claim</b>	<b>Reconciled to Documentation</b>
Total Number of Days Food Served	20	20
Total Attendance	452	452
Number of Breakfast Meals Served	405	388
Number of Lunches Served	436	419
Number of Supplements Served	410	394
Number of Participants in Free Category	5	5
Number of Participants in Reduced Category	3	2
Number of Participants in Paid Category	20	19
Total Number of Participants	28	26
Total Amount of Eligible Food Costs	XXXXXXXX	\$1652.93
Total Amount of Eligible Food and Non-Food Costs	XXXXXXXX	\$1829.56

**Exhibit O****Site: Red Rover Preschool****Review Month/Year: September 2017****Total Meal Reimbursement Received: \$914.16**

<b>Site Meal Service Activity and Monitor Reconciliation</b>	<b>Reported on Claim</b>	<b>Reconciled to Documentation</b>
Total Number of Days Food Served	20	20
Total Attendance	452	449
Number of Breakfast Meals Served	384	384
Number of Lunches Served	409	409
Number of Supplements Served	386	386
Number of Participants in Free Category	3	4
Number of Participants in Reduced Category	4	3
Number of Participants in Paid Category	16	16
Total Number of Participants	23	23
Total Amount of Eligible Food Costs	XXXXXXXX	\$1651.55
Total Amount of Eligible Food and Non-Food Costs	XXXXXXXX	\$1829.56

**Exhibit P****Site: Schrader Lane Vine Hill****Review Month/Year: September 2017****Total Meal Reimbursement Received: \$707.98**

<b>Site Meal Service Activity and Monitor Reconciliation</b>	<b>Reported on Claim</b>	<b>Reconciled to Documentation</b>
Total Number of Days Food Served	20	20
Total Attendance	444	445
Number of Lunches Served	431	0
Number of AM Supplements Served	443	271
Number of PM Supplements Served	443	215
Number of Participants in Free Category	5	5
Number of Participants in Reduced Category	2	2
Number of Participants in Paid Category	24	24
Total Number of Participants	31	31
Total Amount of Eligible Food Costs	XXXXXXXX	\$1,704.32
Total Amount of Eligible Food and Non-Food Costs	XXXXXXXX	\$1,873.08

**Exhibit Q****Site: Temple Academy Preschool****Review Month/Year: September 2017****Total Meal Reimbursement Received: \$615.31**

<b>Site Meal Service Activity and Monitor Reconciliation</b>	<b>Reported on Claim</b>	<b>Reconciled to Documentation</b>
Total Number of Days Food Served	20	20
Total Attendance	517	578
Number of Lunches Served	485	516
Number of AM Supplements Served	275	288
Number of PM Supplements Served	516	547
Number of Participants in Free Category	4	2
Number of Participants in Reduced Category	1	1
Number of Participants in Paid Category	28	28
Total Number of Participants	33	31
Total Amount of Eligible Food Costs	XXXXXXXX	\$1,328.93
Total Amount of Eligible Food and Non-Food Costs	XXXXXXXX	\$1,414.50

**Verification of CACFP Claim for Sponsored Homes****EXHIBIT R****Name of Home/Tier Type: Mary Bland/Tier 1****Sponsor Reimbursement Paid to the Home: \$1,103.30****Reimbursement due based on Reported Information: \$1,103.30****Reimbursement due based on Verified Information: \$1,103.30**

<b>Site Meal Service Activity and Monitor Reconciliation</b>	<b>Reported on Claim</b>	<b>Reconciled to Documentation</b>
Total Number of Days Food Served	20	20
Number of Breakfasts Served	246	246
Number of Lunches Served	175	175
Number of Suppers Served	60	60
Number of Supplements Served	278	278

**EXHIBIT S****Name of Home/Tier Type: Teresa Bowens/Tier 1****Sponsor Reimbursement Paid to the Home: \$425.26****Reimbursement due based on Reported Information: \$425.26****Reimbursement due based on Verified Information: \$425.26**

<b>Site Meal Service Activity and Monitor Reconciliation</b>	<b>Reported on Claim</b>	<b>Reconciled to Documentation</b>
Total Number of Days Food Served	21	21
Number of Breakfasts Served	168	168
Number of Lunches Served	168	168
Number of Supplements Served	168	168

**EXHIBIT T****Name of Home/Tier Type: Monica Bright/Tier 1****Sponsor Reimbursement Paid to the Home: \$392.65****Reimbursement due based on Reported Information: \$475.37****Reimbursement due based on Verified Information: \$437.65**

<b>Site Meal Service Activity and Monitor Reconciliation</b>	<b>Reported on Claim</b>	<b>Reconciled to Documentation</b>
Total Number of Days Food Served	20	20
Number of Breakfasts Served	86	96
Number of Lunches Served	88	98
Number of Supplements Served	87	97

**EXHIBIT U****Name of Home/Tier Type: Irene Cannon/Tier 1****Sponsor Reimbursement Paid to the Home: \$425.26****Reimbursement due based on Reported Information: \$425.26****Reimbursement due based on Verified Information: \$425.26**

<b>Site Meal Service Activity and Monitor Reconciliation</b>	<b>Reported on Claim</b>	<b>Reconciled to Documentation</b>
Total Number of Days Food Served	21	21
Number of Lunches Served	40	40
Number of Suppers Served	121	121
Number of Supplements Served	40	40



**EXHIBIT V****Name of Home/Tier Type: Melanie Chesterfield/Tier 1****Sponsor Reimbursement Paid to the Home: \$420.29****Reimbursement due based on Reported Information: \$420.29****Reimbursement due based on Verified Information: \$417.37**

<b>Site Meal Service Activity and Monitor Reconciliation</b>	<b>Reported on Claim</b>	<b>Reconciled to Documentation</b>
Total Number of Days Food Served	21	21
Number of Lunches Served	40	95
Number of Suppers Served	121	90
Number of Supplements Served	40	92

**EXHIBIT W****Name of Home/Tier Type: Ruby Cranford/Tier 1****Sponsor Reimbursement Paid to the Home: \$436.13****Reimbursement due based on Reported Information: \$853.12****Reimbursement due based on Verified Information: \$436.13**

<b>Site Meal Service Activity and Monitor Reconciliation</b>	<b>Reported on Claim</b>	<b>Reconciled to Documentation</b>
Total Number of Days Food Served	20	20
Number of Breakfasts Served	67	67
Number of Lunches Served	68	68
Number of Suppers Served	38	38
Number of Supplements Served	120	120

**EXHIBIT X****Name of Home/Tier Type: Kamille Henry/Tier 2****Sponsor Reimbursement Paid to the Home: \$696.53****Reimbursement due based on Reported Information: \$696.53****Reimbursement due based on Verified Information: \$687.36**

<b>Site Meal Service Activity and Monitor Reconciliation</b>	<b>Reported on Claim</b>	<b>Reconciled to Documentation</b>
Total Number of Days Food Served	21	21
Number of Breakfasts Served	164	158
Number of Lunches Served	151	151
Number of Supplements Served	151	151

**EXHIBIT Y****Name of Home/Tier Type: Carolyn Holloway/Tier 1****Sponsor Reimbursement Paid to the Home: \$1,635.61****Reimbursement due based on Reported Information: \$1,635.61****Reimbursement due based on Verified Information: \$1,634.30**

<b>Site Meal Service Activity and Monitor Reconciliation</b>	<b>Reported on Claim</b>	<b>Reconciled to Documentation</b>
Total Number of Days Food Served	19	19
Number of Breakfasts Served	227	226
Number of Lunches Served	226	226
Number of Suppers Served	172	172
Number of Supplements Served	492	492

**EXHIBIT Z****Name of Home/Tier Type: Priscilla Houston /Tier 1****Sponsor Reimbursement Paid to the Home: \$1,735.23****Reimbursement due based on Reported Information: \$2,057.32****Reimbursement due based on Verified Information: \$1737.42**

<b>Site Meal Service Activity and Monitor Reconciliation</b>	<b>Reported on Claim</b>	<b>Reconciled to Documentation</b>
Total Number of Days Food Served	19	19
Number of Breakfasts Served	211	211
Number of Lunches Served	211	211
Number of Suppers Served	201	201
Number of Supplements Served	610	613

**EXHIBIT AA****Name of Home/Tier Type: Mandy Hunt/Tier 1****Sponsor Reimbursement Paid to the Home: \$510.02****Reimbursement due based on Reported Information: \$475.97****Reimbursement due based on Verified Information: \$475.97**

<b>Site Meal Service Activity and Monitor Reconciliation</b>	<b>Reported on Claim</b>	<b>Reconciled to Documentation</b>
Total Number of Days Food Served	20	20
Number of Breakfasts Served	108	108
Number of Lunches Served	106	106
Number of Supplements Served	101	101

**EXHIBIT BB****Name of Home/Tier Type: Melissa Kennedy/Tier 1****Sponsor Reimbursement Paid to the Home: \$954.00****Reimbursement due based on Reported Information: \$820.98****Reimbursement due based on Verified Information: \$954.00**

<b>Site Meal Service Activity and Monitor Reconciliation</b>	<b>Reported on Claim</b>	<b>Reconciled to Documentation</b>
Total Number of Days Food Served	21	21
Number of Breakfasts Served	212	212
Number of Lunches Served	212	212
Number of Supplements Served	212	212

**EXHIBIT CC****Name of Home/Tier Type: Robin McNeil/Tier 1****Sponsor Reimbursement Paid to the Home: \$1,1113.88****Reimbursement due based on Reported Information: \$1,190.46****Reimbursement due based on Verified Information: \$1,119.53**

<b>Site Meal Service Activity and Monitor Reconciliation</b>	<b>Reported on Claim</b>	<b>Reconciled to Documentation</b>
Total Number of Days Food Served	21	21
Number of Breakfasts Served	84	84
Number of Lunches Served	203	200
Number of Suppers Served	138	143
Number of Supplements Served	226	227

**EXHIBIT DD****Name of Home/Tier Type: Judie Pope/Tier 1****Sponsor Reimbursement Paid to the Home: \$952.92****Reimbursement due based on Reported Information: \$952.92****Reimbursement due based on Verified Information: \$952.92**

<b>Site Meal Service Activity and Monitor Reconciliation</b>	<b>Reported on Claim</b>	<b>Reconciled to Documentation</b>
Total Number of Days Food Served	19	19
Number of Breakfasts Served	203	203
Number of Lunches Served	203	203
Number of Supplements Served	257	257

**EXHIBIT EE****Name of Home/Tier Type: Beverly Richardson/Tier 1****Sponsor Reimbursement Paid to the Home: \$510.02****Reimbursement due based on Reported Information: \$510.02****Reimbursement due based on Verified Information: \$510.75**

<b>Site Meal Service Activity and Monitor Reconciliation</b>	<b>Reported on Claim</b>	<b>Reconciled to Documentation</b>
Total Number of Days Food Served	19	19
Number of Breakfasts Served	74	74
Number of Lunches Served	109	109
Number of Suppers Served	15	15
Number of Supplements Served	148	149

**EXHIBIT FF****Name of Home/Tier Type: Meagan Taylor/ Tier 1****Sponsor Reimbursement Paid to the Home: \$545.81****Reimbursement due based on Reported Information: \$545.81****Reimbursement due based on Verified Information: \$531.05**

<b>Site Meal Service Activity and Monitor Reconciliation</b>	<b>Reported on Claim</b>	<b>Reconciled to Documentation</b>
Total Number of Days Food Served	21	21
Number of Breakfasts Served	122	122
Number of Lunches Served	121	115
Number of Supplements Served	121	121

**EXHIBIT GG****Name of Home/Tier Type: Zina Walker /Tier 1****Sponsor Reimbursement Paid to the Home: \$1,841.31****Reimbursement due based on Reported Information: \$2,516.16****Reimbursement due based on Verified Information: \$1,845.82**

<b>Site Meal Service Activity and Monitor Reconciliation</b>	<b>Reported on Claim</b>	<b>Reconciled to Documentation</b>
Total Number of Days Food Served	20	20
Number of Breakfasts Served	424	425
Number of Lunches Served	96	97
Number of Suppers Served	273	273
Number of Supplements Served	518	519



**STATE OF TENNESSEE  
DEPARTMENT OF HUMAN SERVICES**

CITIZENS PLAZA BUILDING  
400 DEADERICK STREET  
NASHVILLE, TENNESSEE 37243-1403

TELEPHONE: 615-313-4700 FAX: 615-741-4165  
TTY: 1-800-270-1349  
www.tn.gov/humanservices

**BILL HASLAM**  
GOVERNOR

**DANIELLE W. BARNES**  
COMMISSIONER

February 8, 2018

Joseph Weaver, Board Chair  
Our Daily Bread of Tennessee, Incorporated  
PO Box 12120  
Knoxville, Tennessee 37912-1620

**Notice of payment due to findings disclosed in the monitoring report dated February 8, 2018 for  
Child and Adult Care Food Program (CACFP).**

Institution Name:	Our Daily Bread of Tennessee, Inc.
Institution Address:	PO Box 12120 Knoxville, Tennessee 37912-1620
Agreement Numbers:	00-059
Amount Due:	\$3,611.23
Due Date:	March 8, 2018

Based on the monitoring report issued by the Audit Services Division within the Tennessee Department of Human Services, the Community and Social Services - Food Programs - CACFP & SFSP management has agreed with the findings which requires your institution to reimburse the Department of Human Services for disallowed meals cost.

Please remit a check or money order payable to the ***Tennessee Department of Human Services*** in the amount of \$3,611.23 by the due date to:

**Tennessee Department of Human Services  
Fiscal Services 11<sup>th</sup> Floor  
Citizens Plaza Building  
400 Deaderick Street  
Nashville, Tennessee 37243-1403**

Please note that the disallowed cost / overpayment of the CACFP is subject to an interest charge. The interest charge will be waived if the payment is received by the due date. If payment is not received by the end of the 5th day of the due date, an interest charge may be added to the original amount due and will be billed to your entity.

If you have any questions regarding this notice, please feel free to contact Allette Vayda, Director, Community and Social Services - Food Programs - CACFP & SFSP at (615) 313-3769 or [Allette.Vayda@tn.gov](mailto:Allette.Vayda@tn.gov).

Thank you for your attention



Tennessee Department of Human Services

# Corrective Action Plan for Monitoring Findings

**Instructions:** Please print in ink or type the information to complete this document. Enter the date of birth for each Responsible Principal and/or Individual in Section B. Attach the additional documentation requested. Enter your name, title and date of signature on the last page. Please sign your name in ink.  
**Please return ALL pages of the completed Corrective Action Plan form.**

## Section A. Institution Information

Name of Sponsor/Agency/Site: Our Daily Bread of Tennessee, Inc	Agreement No. 00-059	<input type="checkbox"/> SFSP <input checked="" type="checkbox"/> CACFP
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Mailing Address: P.O. Box 12120 Knoxville, Tennessee 37912- 1620

## Section B. Responsible Principal(s) and/or Individual(s)

Name and Title: Joseph Weaver, Board Chair	Date of Birth: / /
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## Section C. Dates of Issuance of Monitoring Report/Corrective Action Plan

Monitoring Report: 2/8/2018	Corrective Action Plan: 2/8/2018
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## Section D. Findings

### Findings:

1. The Sponsor incorrectly reported the number of participants in the free, reduced-price and paid categories
2. The Sponsor reported incorrect meal counts
3. The Sponsor claimed one participant and the same meals served to the participant at two different centers
4. The Sponsor did not provide evidence that sufficient quantities of milk were purchased for claimed meals served
5. A Sponsor's center purchased 2% milk to serve participants ages two and older
6. The Sponsor's centers and providers served meals during our visits that did not meet USDA meal pattern requirements
7. The Sponsor's documented number of meals served exceeded the verified attendance at one center
8. The Sponsor did not provide infant menus
9. The Sponsor did not have current menus posted in two daycare homes
10. The Sponsor monitoring was not completed as required



The following measures will be completed within **30 calendar days** of my institution's receipt of this corrective action plan:

**Measure No. 1: The Sponsor incorrectly reported the number of participants in the free, reduced-price and paid categories**

The finding will be fully and permanently corrected.

Identify the name(s) and position title(s) of the employee(s) who will be responsible for ensuring that the finding is fully and permanently corrected:

Name:

Position Title:

Name:

Position Title:

Describe below the **step-by-step** procedures that will be implemented to correct the finding:

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When will the procedures for addressing the finding be implemented? Provide a timeline below for implementing the procedures (i.e., will the procedures be done daily, weekly, monthly, or annually, and when will they begin?):

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Where will the Corrective Action Plan documentation be retained? Please identify below:

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How will new and current staff be informed of the new policies and procedures to address the finding (e.g., Handbook, training, etc.)? Please describe below:

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**Measure No.2: The Sponsor reported incorrect meal counts**

The finding will be fully and permanently corrected.

Identify the name(s) and position title(s) of the employee(s) who will be responsible for ensuring that the finding is fully and permanently corrected:

Name:

Position Title:

Name:

Position Title:

Describe below the **step-by-step** procedures that will be implemented to correct the finding:

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When will the procedures for addressing the finding be implemented? Provide a timeline below for implementing the procedures (i.e., will the procedures be done daily, weekly, monthly, or annually, and when will they begin?):

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Where will the Corrective Action Plan documentation be retained? Please identify below:

How will new and current staff be informed of the new policies and procedures to address the finding (e.g., Handbook, training, etc.)? Please describe below:

**Measure No. 3: The Sponsor claimed one participant and the same meals served to the participant at two different centers**

The finding will be fully and permanently corrected.

Identify the name(s) and position title(s) of the employee(s) who will be responsible for ensuring that the finding is fully and permanently corrected:

Name:

Position Title:

Name:

Position Title:

Describe below the **step-by-step** procedures that will be implemented to correct the finding:

When will the procedures for addressing the finding be implemented? Provide a timeline below for implementing the procedures (i.e., will the procedures be done daily, weekly, monthly, or annually, and when will they begin?):

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Where will the Corrective Action Plan documentation be retained? Please identify below:

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How will new and current staff be informed of the new policies and procedures to address the finding (e.g., Handbook, training, etc.)? Please describe below:

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**Measure No. 4: The Sponsor did not provide evidence that sufficient quantities of milk were purchased for claimed meals served**

The finding will be fully and permanently corrected.

Identify the name(s) and position title(s) of the employee(s) who will be responsible for ensuring that the finding is fully and permanently corrected:

Name:

Position Title:

Name:

Position Title:

Describe below the **step-by-step** procedures that will be implemented to correct the finding:

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When will the procedures for addressing the finding be implemented? Provide a timeline below for implementing the procedures (i.e., will the procedures be done daily, weekly, monthly, or annually, and when will they begin?):

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Where will the Corrective Action Plan documentation be retained? Please identify below:

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How will new and current staff be informed of the new policies and procedures to address the finding (e.g., Handbook, training, etc.)? Please describe below:

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**Measure No. 5: A Sponsor's center purchased 2% milk to serve participants ages two and older**

The finding will be fully and permanently corrected.

Identify the name(s) and position title(s) of the employee(s) who will be responsible for ensuring that the finding is fully and permanently corrected:

Name:

Position Title:

Name:

Position Title:

Describe below the **step-by-step** procedures that will be implemented to correct the finding:

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When will the procedures for addressing the finding be implemented? Provide a timeline below for implementing the procedures (i.e., will the procedures be done daily, weekly, monthly, or annually, and when will they begin?):

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Where will the Corrective Action Plan documentation be retained? Please identify below:

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How will new and current staff be informed of the new policies and procedures to address the finding (e.g., Handbook, training, etc.)? Please describe below:

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**Measure No.6: The Sponsor's centers and providers served meals during our visits that did not meet USDA meal pattern requirements**

The finding will be fully and permanently corrected.

Identify the name(s) and position title(s) of the employee(s) who will be responsible for ensuring that the finding is fully and permanently corrected:

Name:

Position Title:

Name:

Position Title:

Describe below the **step-by-step** procedures that will be implemented to correct the finding:

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When will the procedures for addressing the finding be implemented? Provide a timeline below for implementing the procedures (i.e., will the procedures be done daily, weekly, monthly, or annually, and when will they begin?):

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Where will the Corrective Action Plan documentation be retained? Please identify below:

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How will new and current staff be informed of the new policies and procedures to address the finding (e.g., Handbook, training, etc.)? Please describe below:

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**Measure No. 7: The Sponsor’s documented number of meals served exceeded the verified attendance at one center**

The finding will be fully and permanently corrected.  
Identify the name(s) and position title(s) of the employee(s) who will be responsible for ensuring that the finding is fully and permanently corrected:

Name: Position Title:

Name: Position Title:

Describe below the **step-by-step** procedures that will be implemented to correct the finding:

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When will the procedures for addressing the finding be implemented? Provide a timeline below for implementing the procedures (i.e., will the procedures be done daily, weekly, monthly, or annually, and when will they begin?):

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Where will the Corrective Action Plan documentation be retained? Please identify below:

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How will new and current staff be informed of the new policies and procedures to address the finding (e.g., Handbook, training, etc.)? Please describe below:

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**Measure No. 8: The Sponsor did not provide infant menus**

The finding will be fully and permanently corrected.

Identify the name(s) and position title(s) of the employee(s) who will be responsible for ensuring that the finding is fully and permanently corrected:

Name:

Position Title:

Name:

Position Title:

Describe below the **step-by-step** procedures that will be implemented to correct the finding:

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When will the procedures for addressing the finding be implemented? Provide a timeline below for implementing the procedures (i.e., will the procedures be done daily, weekly, monthly, or annually, and when will they begin?):

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Where will the Corrective Action Plan documentation be retained? Please identify below:

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How will new and current staff be informed of the new policies and procedures to address the finding (e.g., Handbook, training, etc.)? Please describe below:

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**Measure No. 9: The Sponsor did not have current menus posted in two daycare homes**

The finding will be fully and permanently corrected.

Identify the name(s) and position title(s) of the employee(s) who will be responsible for ensuring that the finding is fully and permanently corrected:

Name:

Position Title:

Name:

Position Title:

Describe below the **step-by-step** procedures that will be implemented to correct the finding:

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When will the procedures for addressing the finding be implemented? Provide a timeline below for implementing the procedures (i.e., will the procedures be done daily, weekly, monthly, or annually, and when will they begin?):

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Where will the Corrective Action Plan documentation be retained? Please identify below:

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How will new and current staff be informed of the new policies and procedures to address the finding (e.g., Handbook, training, etc.)? Please describe below:

**Measure No. 10: The Sponsor monitoring was not completed as required**

The finding will be fully and permanently corrected.

Identify the name(s) and position title(s) of the employee(s) who will be responsible for ensuring that the finding is fully and permanently corrected:

Name:

Position Title:

Name:

Position Title:

Describe below the **step-by-step** procedures that will be implemented to correct the finding:

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When will the procedures for addressing the finding be implemented? Provide a timeline below for implementing the procedures (i.e., will the procedures be done daily, weekly, monthly, or annually, and when will they begin?):

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Where will the Corrective Action Plan documentation be retained? Please identify below:

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How will new and current staff be informed of the new policies and procedures to address the finding (e.g., Handbook, training, etc.)? Please describe below:

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I certify by my signature below that I am authorized by the institution to sign this document. As an authorized representative of the institution, I fully understand the corrective measures identified above and agree to fully implement these measures within the required time frame. I also understand that failure to fully and permanently correct the findings in my institution's CACFP or SFSP will result in its termination from the program, and the placement of the institution and its responsible principals on the National Disqualified List maintained by the U.S. Department of Agriculture.

Printed Name of Authorized Institution Official:

Position:

Signature of Authorized Institution Official: \_\_\_\_\_

Date:    /    /

Signature of Authorized TDHS Official: \_\_\_\_\_

Date:    /    /

- (xi) The institution, one of its sponsored facilities, or one of the principals of the institution or its facilities has been convicted for any activity that indicates a lack of business integrity;

(c) Administrative review is also available if the State agency notifies the institution and responsible principal or responsible individual of the following actions: proposed disqualification of a responsible principal or responsible individual, denial of a budget, denial of a line item within a budget, downward adjustment of the amount approved in a budget, suspension of an institution's participation, denial of start-up or expansion funds, denial of a request for advanced payment, recovery of an advance in excess of a claim, denial of a claim for reimbursement (except for late submission), decision not to forward an exception request for payment of a late claim, overpayment demand, denial of a new or renewing institution's application for participation, denial of sponsored facility application, notice of proposed termination, claim denial, claim deadline exceptions and requests for upward adjustments to a claim, or any other action affecting an institutions participation or claim for payment.

3. All appeal requests must be presented in writing to the TDHS Division of Appeals and Hearings not later than 15 calendar days after the date the institution or sponsoring agency receives the notice of adverse administrative action.

4. The date of an institution's or sponsoring agency's receipt of a notice of suspension and/or proposed termination and disqualification will be governed by the federal regulation at 7 CFR Part 226.2. The notice must specify the action being proposed or taken and the basis for the action, and is considered to be received by the institution or day care home when it is delivered, sent by facsimile, or sent by email. If the notice is undeliverable, it is considered to be received by the institution, responsible principal or responsible individual, or day care home five days after being sent to the addressee's last known mailing address, facsimile number, or email address.

5. The TDHS Division of Appeals and Hearings will acknowledge the receipt of the appeal request within 10 calendar days of the receipt of the institution's or sponsoring agency's request for review. The written request for review should state if a fair hearing is requested or if a review of written information in lieu of a fair hearing is requested. If the appeal request from the institution or sponsoring agency does not specifically request a hearing, a review of written information in lieu of a hearing will occur. If a fair hearing is requested and the institution or sponsoring agency's representative fails to appear, the right to a personal appearance is waived.

6. If an institution or sponsoring agency does not request a fair hearing or a review of written information in lieu of the hearing within 15 calendar days from the date the institution or sponsoring agency receives a Notice of Proposed Termination, the TDHS will issue a letter advising the institution or sponsoring agency that it is terminated from the CACFP effective on the 16th calendar day following the institution's or sponsoring agency's receipt of the notice, and that the responsible principals and individuals of the institution or sponsoring agency are disqualified from participation.

7. To be considered for a fair hearing or for a review of written information in lieu of a fair

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hearing, all written documents must be submitted to the TDHS Division of Appeals and Hearings not later than 30 days after receipt of the notice of adverse administrative action.

8. The action of the TDHS must remain in effect during the administrative review. The effect of this requirement on particular actions by TDHS is as follows:

(i) *Overpayment demand.* During the period of the administrative review, TDHS is prohibited from taking action to collect or offset the overpayment. However TDHS must assess interest beginning with the initial demand for remittance of the overpayment and continuing through the period of administrative review unless the administrative review official overturns the TDHS's action.

(ii) *Recovery of advances.* During the administrative review, TDHS must continue its efforts to recover advances in excess of the claim for reimbursement for the applicable period. The recovery may be through a demand for full repayment or an adjustment of subsequent payments.

(iii) *Program payments.* The availability of Program payments during an administrative review of the denial of a new institution's application, denial of a renewing institution's application, proposed termination of a participating institution's agreement, and suspension of an institution are addressed in paragraphs (c)(1)(iii)(D), (c)(2)(iii)(D), (c)(3)(iii)(D), (c)(5)(i)(D), and (c)(5)(ii)(E), respectively, of 7 CFR §226.6.

9. The institution or sponsoring agency must refute the charges contained in the notice during the fair hearing or in the written information that is provided in lieu of the hearing.

10. The institution and the responsible principals and responsible individuals may retain legal counsel, or may be represented by another person.

11. If a fair hearing is requested, the institution or sponsoring agency will be notified in writing of the time, date and place of the fair hearing at least 10 calendar days in advance.

12. Any information which supports an adverse administrative action taken by the TDHS shall be available to the institution or sponsoring agency for inspection from the date of the receipt of the request for a fair hearing or a review of written information in lieu of the hearing.

13. In accordance with 7 CFR Part 226.6 (k)(8), the TDHS Division of Appeals and Hearings must conduct the administrative review of the proposed disqualification of the responsible principals and responsible individuals as part of the administrative review of the application denial, proposed termination, and/or proposed disqualification of the institution with which the responsible principals or responsible individuals are associated. However, at the administrative review official's discretion, separate administrative reviews may be held if the institution does not request an administrative review or if either the institution or the responsible principal or responsible individual demonstrates that their interests conflict.

14. The procedures contained in the Uniform Administrative Procedures Act found at TCA 4-5-301 et seq. shall be followed in rendering a decision on all appeals. The decision of the hearing officer is the final administrative determination to be afforded to the institution or sponsoring agency, and shall be rendered in a timely manner not to exceed 60 calendar days from the date of the receipt of the request for a fair hearing.

15. The processing limits for administrative appeals MUST be met. In the event a continuance is requested by a party, one continuance may be granted at the Hearing Official's discretion. This

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continuance shall not be for a period longer than ten (10) calendar days unless there are exceptional circumstances. Exceptional circumstances must be detailed in the order of continuance and the order must contain a date certain for the hearing, to be set as soon as possible. A report of pending CACFP desk review and fair hearing requests will be generated and reviewed daily by the Clerk's Office and the Legal Director for Appeals and Hearings who will monitor the dates for timeliness. In the event a decision has not been rendered within forty-five (45) calendar days of the date of receipt of the request for fair hearing or desk review, the Legal Director for Appeals and Hearings or their back-up shall notify the hearing official to take appropriate action.

16. All requests for a fair hearing or for a review of written information in lieu of a hearing must be submitted to:

**Tennessee Department of Human Services**  
**Division of Appeals and Hearings**  
**PO Box 198996, Clerk's Office**  
**Nashville, TN 37219-8996**  
**Fax: (615) 248-7013 or (866) 355-6136**  
**E-mail: [AppealsClerksOffice.DHS@tn.gov](mailto:AppealsClerksOffice.DHS@tn.gov)**

17. If a termination action is upheld by the hearing officer, the TDHS will issue a letter to the institution or sponsoring agency and its responsible principals and individuals advising that the termination and disqualification are effective on the date of the ruling issued by the hearing officer. The agency maintains searchable records of all administrative reviews and their dispositions for a period of five (5) years.

18. As required by 7 CFR Part 226.6 (c)(7), each disqualified institution, sponsoring agency, principal and individual will be placed on the National Disqualified List maintained by the U.S. Department of Agriculture (USDA). Once included on the National Disqualified List, an institution, sponsoring agency, principal and individual shall remain on the list until such time as the USDA, in consultation with the TDHS, determines that the serious deficiencies that led to their placement on the list have been corrected, or until seven years have elapsed since they were disqualified from participation. However, if the institution, sponsoring agency, principal or individual has failed to repay debts owed under the program, they will remain on the list until the debt has been paid.